

## Declaration and Power of Attorney for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

### VERIFICATION METHOD FOR WEB-DELIVERED MATERIALS USING SELF-SIGNED CERTIFICATES

the specification of which:

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_.

I hereby state that I have reviewed and understand the contents of the above- identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s):

Number

Country

Day/Month/Year

Priority Claimed

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. Applications:

Serial No.

Filing Date

Status

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

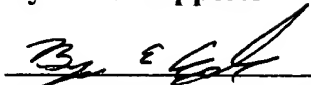
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Signature: 

Date: 15-July-2001

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M:\MSimpson\IBM\24609 USA\PatOff\declaration.wpd

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1. Name of conveying party(ies): Bryan E. Aupperle	2. Name and address of receiving party(ies): Name: SEE ATTACHED Internal Address:  Street Address:  City:  State:                      Zip:  Additional name(s)/address(es) attached: Yes
Additional names attached? No 3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date:	
4. Application number(s) or patent number(s)  If this document is being filed together with a new application, the execution date of the application is <u>January 15, 2001</u> .	
A. Patent Application No(s).	B. Patent No(s).
Additional numbers attached? No 5. Name and address of party to whom correspondence concerning document should be mailed:  Mark D. Simpson, Esq. Synnestvedt & Lechner LLP 2600 Aramark Tower 1101 Market Street Philadelphia, PA 19107-2950 (215) 923-4466 Registration No. 32,942	6. Total number of applications and patents involved: ( 1)  7. Total fee (37 CFR 3.41) \$ 40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit Account No. 09-0461 (attach duplicate copy if paying by deposit account)

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9. Statement and signature.  
*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

Mark D. Simpson  
Name of Person Signing

  
Signature

February 9, 2001  
Date

Total number of pages including this cover sheet, attachments and documents: ( 3)

**ATTACHMENT TO ASSIGNMENT RECORDATION FORM COVER SHEET**

Continuation of Box 2:

Name and address of receiving party:

INTERNATIONAL BUSINESS MACHINES CORPORATION

Internal Address:

Street Address: New Orchard Road

City: Armonk

State: New York

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